

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on October 31, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Code 99140 for date of service 07/20/03.

II. RATIONALE

- CPT Code 99140 denied as “N, TG – Documentation does not support the service billed. Per the 1996 Medical Fee Guideline, Anesthesia Ground Rule (I)(C)(3) the definition of the disputed CPT code is “Anesthesia complicated by emergency* conditions”. *For clarification an emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part. The submitted relevant information does not document threat to life or body part of injured worker; therefore, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 99140.

The above Findings and Decision is hereby issued this 24th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf